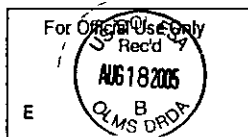


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- <u>9844</u>	2 Fiscal Year Covered From <u>11</u> / <u>11</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>Robert L. Burgess</u> P.O. Box, Bldg, Room No., if any _____ Street <u>P.O. Box 804</u> City <u>Park Hills</u> State <u>Mo</u> ZIP Code + 4 <u>63601</u>	4 Name, file number and address of labor organization Name <u>L.I.U.N.A. Laborers Local 916</u> Labor Organization File Number <u>008-221</u> P.O. Box, Building and Room Number, if any _____ Street <u>430 N. Washington</u> City <u>Farmington</u> State <u>Mo</u> ZIP Code + 4 <u>63640</u>
5 Position in labor organization <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box, Bldg, Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income 7 b Amount <u>please be advised that, based on records in my possession related to the calendar year 2004, I do not have to the best of my knowledge any LM 30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.</u>

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct and complete. (See the section on penalties in the instructions.)	
Signed <u>Robert Burgess</u>	On <u>8.8.05</u> Date <u>513-562-2923</u> Telephone Number

Name of Person Filing _____	File Number U- _____
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
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10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box Bldg, Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	11 b Approximate dollar value of such dealing <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
	12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	12 b Amount <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/>	14 b Amount of payment <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>